

Wake Renewal Counseling, PLLC  
Office of Keisha Bryan, LCSW, LCAS  
539 Keisler Dr. Suite 201  
Cary, NC 27518  
919-520-9392 (phone)

**New Client Intake Form for Keisha Bryan, LCSW, LCAS**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Mailing Address:**

**Physical Address (if different):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May I send mail to the above address? **Y / N**

**Email:** \_\_\_\_\_

May I send mail to the above email? **Y / N**

*(Please note that confidentiality of email cannot be guaranteed)*

**Telephone Numbers** (Please provide only numbers at which you give me permission to call you):

Home: \_\_\_\_\_

May leave a detailed message? \_\_\_yes \_\_\_\*no

Work: \_\_\_\_\_

May leave a detailed message? \_\_\_yes \_\_\_\*no

Cell: \_\_\_\_\_

May leave a detailed message? \_\_\_yes \_\_\_\*no

Text appointment reminders? \_\_\_yes \_\_\_\*no

**Date of Birth/Age:** \_\_\_\_\_

**Relationship Status:** \_\_\_\_\_

**Student status/Occupation:** \_\_\_\_\_

**Have you ever engaged in therapy before? Y / N**

**Worked with a psychiatrist? Y / N**

**Contact Person in case of emergency:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_ **Telephone#:** \_\_\_\_\_

**Medical History:**

- List any medical problems:

\_\_\_\_\_  
\_\_\_\_\_

- Current Medications:

\_\_\_\_\_  
\_\_\_\_\_

- Allergies: \_\_\_\_\_

- Hospitalizations (Medical, Psychiatric, Substance abuse- give place and year):

\_\_\_\_\_  
\_\_\_\_\_

Is there are family history of...

- Mental illness? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Substance abuse? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Suicide? \_\_\_\_\_ Yes \_\_\_\_\_ No      Violent behavior? \_\_\_\_\_ Yes \_\_\_\_\_ No
  
- How often do you?

Smoke            \_\_\_\_\_ never    \_\_\_\_\_ monthly \_\_\_\_\_ weekly \_\_\_\_\_ daily

Drink alcohol \_\_\_\_\_ never    \_\_\_\_\_ monthly \_\_\_\_\_ weekly \_\_\_\_\_ daily

Use drugs        \_\_\_\_\_ never    \_\_\_\_\_ monthly \_\_\_\_\_ weekly \_\_\_\_\_ daily

**Please List the members in your family and all others that are in the home:**

Name	Age	Relationship	Occupation

**Minor Child Only: Please list the birth parents, stepparents, siblings, or step siblings that are not living in the home:**

Name	Age	Relationship	Occupation

**Primary Insurance:**

Insurance Plan Name: \_\_\_\_\_

Insured Name: \_\_\_\_\_ Insured ID# \_\_\_\_\_

Insured's social security # \_\_\_\_\_

Copayment: \_\_\_\_\_

Primary Insured's Date of Birth \_\_\_\_\_

How did you hear about Keisha Bryan's services? \_\_\_\_\_

What would you like to gain from working with Keisha Bryan, LCSW, LCAS? What are your goals?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONSENT FOR TREATMENT:**

Your signature below indicates that you have:

1. Read the Informed Consent and Information Form and agree to its terms.
2. Serves as an acknowledgement that you have received and read the HIPAA notice of Privacy Practices.
3. Serves as an acknowledgement that you have received and read the Client's Right's Notice.
4. Read the Late Cancellation/ No-Show Policy and agree to its terms.

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/ Guardian of Minor Child

\_\_\_\_\_  
Keisha Bryan, LCSW, LCAS

## Notice of Privacy Practices for Wake Renewal Counseling, PLLC

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the *NASW Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

**For Treatment.** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

**For Payment.** We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

**For Health Care Operations.** We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

**Required by Law.** Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

**Without Authorization.** Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations.

As a social worker licensed in this state it is our practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with the *NASW Code of Ethics* and HIPAA.

**Child Abuse or Neglect.** We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

**Judicial and Administrative Proceedings.** We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.

**Deceased Patients.** We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

**Medical Emergencies.** We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

**Family Involvement in Care.** We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

**Health Oversight.** If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.

**Law Enforcement.** We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

**Specialized Government Functions.** We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

**Public Health.** If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

**Public Safety.** We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

**Research.** PHI may only be disclosed after a special approval process or with your authorization.

**Verbal Permission.** We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

**With Authorization.** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

## **YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer at Keisha Bryan, LCSW, LCAS 1008 F Big Oak Ct. Knightdale, NC 27545.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a "designated record set". A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would

cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

## ***COMPLAINTS***

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer at Keisha Bryan, LCSW, LCAS 539 Keisler Dr. Suite 201 Cary, NC 27518 or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **We will not retaliate against you for filing a complaint.**

**The effective date of this Notice is September 2013.**

**Notice of Privacy Practices  
Receipt and Acknowledgment of Notice**

**Patient/Client Name:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Wake Renewal Counseling, PLLC's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Keisha Bryan, LCSW, LCAS.

\_\_\_\_\_  
*Signature of Patient/Client* *Date*

\_\_\_\_\_  
*Signature of Parent, Guardian or Personal Representative \** *Date*

\_\_\_\_\_  
*\* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).*

*Patient/Client Refuses to Acknowledge Receipt:*

\_\_\_\_\_  
*Signature of Staff Member* *Date*

#### **A NOTE ABOUT COLLEAGUES IN THIS OFFICE**

The clinicians in 539 Keisler Dr. Suite 201 Cary, NC and I work together as a group for the purpose of sharing office space and necessary support and equipment to facilitate our ability to practice our professions independently. At times, we may consult with one another for the purpose of treatment coordination and routine peer supervision. However, we are not otherwise bound to one another. Keisha Bryan operates as the independent business owner of Wake Renewal Counseling, PLLC and has no legal or business relationship with any therapist working in this location.

#### **KEISHA BRYAN—CLIENT SERVICES AGREEMENT**

Welcome to Keisha Bryan's practice. This document (the Agreement) contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that we provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment, and health care operations. The Notice explains HIPAA and its application to your personal health information in greater detail. The law requires that we obtain your signature acknowledging that we have provided you with this information. Although these documents are long and sometimes complex, it is very important that you read them carefully. We can discuss any questions you have about the procedures. When you sign this document, it will also represent an agreement between you and Keisha Bryan. You may revoke this Agreement in writing at any time. That revocation will be binding on Keisha Bryan unless she has taken action in reliance on it; if there are obligations imposed on Keisha Bryan by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

#### **PSYCHOLOGICAL/PSYCHIATRIC SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist/psychiatrist and the patient, and the particular concerns you are experiencing. There are many different methods Keisha Bryan may use to deal with the concerns that you hope to address. Psychotherapy calls for an active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy may involve discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, we will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with Keisha Bryan. Therapy involves a commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about Keisha Bryan's procedures, we should discuss them whenever they arise. If your doubts persist, she would be happy to help you set up a meeting with another mental health professional for a second opinion.

Psychiatric medication management is often a component of the treatment a patient receives. Keisha Bryan does not provide medication management. The scope of her license does not include prescribing privileges. If an evaluation for medication management is deemed an important part of your treatment plan then Keisha Bryan will refer you back to your primary care or a list of psychiatrist will be made available to you. Because of the importance of proper and safe management of medications, it is important that patient's provide all clinical information related to medical history (including relevant family history) and physical symptoms. That information allows for the current psychiatric presentation to be evaluated for a physical component or cause and for the selection of the most tolerable and safest medications in treating your condition. It is extremely important that your primary care doctor and all other clinicians providing you medical care are aware of the diagnoses and treatments that you have been given by each member of your total treatment team (both physical and mental health care providers). It is extremely important that you keep an open dialogue with your medical providers regarding how you are tolerating the medications so that appropriate interventions if needed can occur in a timely fashion. That underscores the necessity of your keeping all scheduled appointments with your psychiatrist and taking medications as they are prescribed.

#### **MEETINGS**

Keisha Bryan normally conducts an evaluation that lasts from 1 to 3 sessions. During this time, we can both decide if Keisha Bryan is best suited to provide the services you need in order to meet your treatment goals. **Once an appointment is scheduled, you will be expected to pay for it unless you provide 48 business hours advanced notice of cancellation.** It is important to note that insurance companies do not provide reimbursement for canceled sessions.

Keisha Bryan operates her practice by an appointment only basis. She generally keeps the following office hours.

Monday: 10am-7pm  
Tuesday: 10am-7pm  
Wednesday: 10am-7pm  
Thursday: 9am-5pm  
Friday: 1pm-6pm

#### **LATE ARRIVALS**

Patients are seen by appointment. If you arrive late, the appointment must end as scheduled and you will be charged for the full amount of your scheduled visit, when permitted by insurance. This will allow us to see each patient when they are scheduled.

#### **PROFESSIONAL FEES**

Keisha Bryan's fees are available on the Pricing page of her website, [www.wakerenewal.com](http://www.wakerenewal.com). In addition to appointments, Keisha Bryan charges this amount for other professional services you may need, though we will break down the hourly cost if we work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of Keisha Bryan. If you become involved in legal proceedings that require Keisha Bryan's participation, you will be expected to pay for all of his/her professional time (\$200 per hour), including preparation and transportation costs, even if Keisha Bryan is called to testify by another party. If Keisha is involved in a legal proceeding then you will be required to put down a \$1000 retainer to cover anticipated cost.

#### **BILLING AND PAYMENTS**



You will be expected to pay for each session at the time it is held.

### **INSURANCE REIMBURSEMENT**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. Keisha Bryan may help you fill out forms and provide you with whatever assistance she can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of fees. It is very important that you find out exactly what mental health services your policy covers. Keisha Bryan is currently in-network with Blue Cross and Blue Shield, Medicaid, Value Options, Medicare, MHN, and Tricare. Keisha has an in-network relationship with the following EAPs: Value Options, McLaughlin Young Group, and MHN. If you need to use out of network benefits with another insurance company you will need to file Keisha Bryan's billing receipt with your insurance company using your out-of-network benefits.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, Keisha Bryan will provide you with whatever information she can based on her experience and will be happy to help you in understanding information you receive from your insurance company. If it is necessary to clear confusion, Keisha Bryan will be willing to call the company on your behalf, if you are assigned a case manager and can provide Keisha Bryan with a name and extension for your insurance case manager.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions.

You should also be aware that your contract with your health insurance company may require that Keisha Bryan provide it with information relevant to the services that she provides to you. Keisha Bryan may be required to provide a clinical diagnosis. Sometimes she may be required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, she will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. Keisha Bryan can provide you with a copy of any report she submits, if you request it. It is important to remember that you always have the right to pay for Keisha Bryan's services yourself to avoid the problems described above.

### **CONTACTING KEISHA BRYAN**

Due to work and travel schedules, Keisha Bryan is often not immediately available by telephone. While she is usually available between 10AM and 6PM, she will not answer the phone when she is with a patient. You may call Keisha Bryan's voicemail 24 hours a day and leave a message 919-520-9392. Keisha Bryan will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform Keisha Bryan of some times when you will be available. Do not leave phone numbers for Keisha Bryan to return your call if you would not want Keisha Bryan to identify herself to someone who answered the phone (family member, roommate, etc.).

You may also reach Keisha Bryan via email, keisha@wakerenewal.com for the purposes of general inquiry and/or to request an appointment. She will make all attempts to respond to emails in a timely manner. Please be aware, though, that email is not a secure form of communication. Keisha Bryan cannot protect against the possibility that information you send over email might be intercepted by unwanted parties. As a general rule, refrain from disclosing any sensitive personal information over email. Keisha Bryan may not respond to lengthy emails of a personal nature.

Text Messaging is not a secure form of communication. Keisha cannot protect against the possibility that information you send via text message might be intercepted by unwanted parties. As a general rule of thumb, refrain from disclosing any sensitive personal information over text messages. Keisha Bryan will not respond to lengthy text messages of personal nature.

### **CONTACTING KEISHA BRYAN IN A MENTAL HEALTH EMERGENCY**

If you are unable to reach Keisha Bryan and feel that you can't wait for Keisha Bryan to return your call, you may: contact your psychiatrist if you have one, contact your family physician, call the Hopeline at (919) 231-4525, call Holly Hill Hospital Respond Line at (919) 250-7000, or go to the nearest emergency room and ask for the psychologist/psychiatrist on call. In the event of a life-threatening emergency call 911.

### **LIMITS ON CONFIDENTIALITY**

The law protects the privacy of all communications between a patient and a therapist. In most situations, Keisha Bryan can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA and 42CFR. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

Keisha Bryan may occasionally find it helpful to with other health professionals about a case. During a consultation, Keisha Bryan makes every effort to avoid revealing the identity of our patients. The other professionals are also legally bound to keep the information confidential. If you don't object, we will not tell you about these consultations unless we feel that it is important to our work together. We will note all consultations in your Clinical Record (which is called "PHI" in my Notice of Policies and Practices to Protect the Privacy of Your Health Information).

Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.

If Keisha Bryan believes that a patient presents an imminent danger to his/her health or safety, he may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

There are some situations where Keisha Bryan is permitted or required to disclose information without either your consent or authorization:

If you are involved in a court proceeding and a request is made for information concerning the professional services that you have been provided, such information is protected by the doctor-patient privilege law. Your provider cannot release any information without your written authorization, or a court order. If you are involved in or are contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order your provider to disclose information.

If a government agency is requesting the information for health oversight activities, your provider may be required to provide it for them.

If a patient files a complaint or lawsuit against Keisha Bryan, Keisha Bryan may disclose relevant information regarding that patient in order to defend herself.

If a patient files a worker's compensation claim, and Keisha Bryan's services are being compensated through workers compensation benefits, Keisha Bryan must, upon appropriate request, provide a copy of the patient's record to the patient's employer or the North Carolina Industrial Commission.

There are some situations in which Keisha Bryan is legally obligated to take actions, which she believes is necessary to attempt to protect others from harm and we may have to reveal some information about a patient's treatment. These situations are unusual in her practice.

If Keisha Bryan has cause to suspect that a child under 18 is abused or neglected, or if we have reasonable cause to believe that a disabled adult is in need of protective services, the law requires that she file a report with the County Director of Social Services. Once such a report is filed, Keisha

Bryan may be required to provide additional information.

If Keisha Bryan believes that a patient presents an imminent danger to the health and safety of another, we may be required to disclose information in order to take protective actions, including initiating hospitalization, warning the potential victim, if identifiable, and/or calling the police.

If such a situation arises, Keisha Bryan will make every effort to fully discuss it with you before taking any action and limit the disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns you may have now or in the future. The laws governing confidentiality can be quite complex, and Keisha Bryan is not an attorney. In situations where specific advice is required, formal legal advice may be needed.

#### **PROFESSIONAL RECORDS**

The laws and standards of our professions require that we keep Protected Health Information about you in your Clinical Record. Except in unusual circumstances that involve danger to yourself and/or others or the record makes reference to another person (unless such other person is a health care provider) and Keisha Bryan believes that access is reasonably likely to cause substantial harm to such other person, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, Keisha Bryan recommends that you initially review them in her presence, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, Keisha Bryan is allowed to charge a copying fee of \$.25 per page (and for certain other expenses).

#### **PATIENT RIGHTS**

HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that we amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about our policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the Notice form, and our privacy policies and procedures. Keisha Bryan is happy to discuss any of these rights with you.

#### **TERMINATION**

Clients are under no obligation to continue services should they decide to terminate at any time. However, we strongly urge that Keisha Bryan be notified in person so that it can be discussed openly.

#### **COMPLAINTS**

Keisha Bryan will take reasonable precautions to minimize risks, insure your safety, and provide you with a positive experience. If at any time you believe that she has not been diligent in performing services, or you believe that your privacy rights have been violated, please bring it to her attention so the matter can be addressed. If there are concerns that we are not able to resolve to your satisfaction, the North Carolina Social Work Board can be contacted at 1-866-397-5263 to review and evaluate any concerns that you may have. Alternatively, you may complain to the North Carolina Substance Abuse Professional Practice Board, Post Office Box 10126 Raleigh, NC 27605 or the Secretary of U.S. Department of Health and Human Services. You may also contact Alliance Behavioral Health at (800) 510-9132 or the North Carolina Department of Health and Human Services at 1-800-624-3004. You have specific rights under the Privacy Rule. Keisha Bryan will not retaliate against you for filing a complaint.

#### **HOW TO GET THE MOST OUT OF YOUR THERAPY APPOINTMENTS**

- Show up on time and be ready to engage.
- If Keisha assigns you a homework assignment it is to your benefit to complete the assignment. On occasion, Keisha will assign books and articles. Therapy sessions are only 50 minutes once a week. So please make sure that you do the work outside of sessions for optimal outcome.
- Realize that things can get worse before they get better. After a few sessions of probing about past experiences you may feel overwhelmed. It is not uncommon. Please be honest with Keisha and let her know what feels uncomfortable.
- Realize that your therapist will not give you advice. As a therapist I may guide you and make suggestions for treatment, but only you can make the changes that are needed to move forward.
- Be honest with yourself and your therapist.
- Be open to trying new or different approaches to dealing with your concerns.

#### **Fee Schedule (as of 4/1/2016)**

Service	Fee
New Client- Intake Session	\$150.00
30 Minute Psychotherapy Session	\$65.00
53+ Minute Psychotherapy Session	\$120.00
Couples/Family Therapy 53+ Minute Session	\$120.00
Group Counseling Session	\$35.00
Missed Appointment Fee	\$30.00 (First time only) Subsequent fees \$75.00
Return Check Fee	\$25.00
Outstanding Balance/late fee (45+ days delinquent)	\$35.00
Clinical Documentation and letter writing or clinical recommendations	\$50.00
Phone Coaching Session	\$20.00/ 15 minutes increments

# Financial Agreement

	Client Billing Address	Guarantor Name/Address, if different
Street:		
City:		
State/Zip:		

TERMS

1. I, \_\_\_\_\_, certify that the above information is correct and complete.
  2. FEES FOR SERVICES: **I AM RESPONSIBLE FOR THE FULL COST OF THE SERVICES.** I understand that the amount I actually pay may be reduced by the amount paid by insurance. My intake session cost is \$150. My per session cost after intake will be \$120. I understand that when using insurance the initial payment agreement is an estimate based on benefits information provided by my insurance company and is subject to change.
  3. CHANGES: I agree to notify Wake Renewal Counseling, PLLC of changes in my insurance.
  4. ASSIGNMENT OF INSURANCE:
    - I understand that if my insurance/third party listed does not assign benefits to Wake Renewal Counseling, PLLC, I will be responsible for filing my own insurance. In this case, I am responsible for the full cost of services.
    - I understand that if my insurance company requires that a doctor supervise services I receive, this may prevent payment for certain services.
    - I understand that if Wake Renewal Counseling, PLLC is not a listed provider of services for my insurance/third party, a claim may not be paid.
    - If my insurance/third party requires pre-certification, I am responsible for obtaining authorization prior to or at the time of services. Failure to do so will result in benefits being reduced or denied.
  5. APPOINTMENTS: **I agree to notify my service provider at least 24 hours in advance if I cannot make a schedule appointment. If I fail to do so, a \$30 charge will be applied the first time that proper notice was not given. Each subsequent late cancellation will result in a \$75 fee. I understand that insurance does not cover any portion of late cancel fee. If I do not complete the credit card authorization portion of this form I understand that I am still responsible for paying these fees.**
  6. AUTHORIZATIONS: I authorize use of this form on all my insurance submissions. I authorize release of any information from my medical record to my insurance company and authorize Wake Renewal Counseling, PLLC to act as my agent to obtain payment from my insurance company. I authorize payment directly to Wake Renewal Counseling, PLLC and hereby assign right to reimbursement for services rendered by Wake Renewal Counseling, PLLC. I permit a copy of this authorization to be used in place of the original.
  7. REFUSAL TO PAY: I understand that if I am able to pay for services either in full or through payments, but refuse to do so, my account may be turned over to a collection agency and/or the courts.
  8. I understand that fees for services and/or fee policies are subject to change.
- BY SIGNING THIS DOCUMENT, I FULLY ACCEPT AND UNDERSTAND THE ABOVE TERMS AS MY RESPONSIBILITY.

Client/Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

**I authorize Wake Renewal Counseling, PLLC to bill the below credit card for professional services and fees. I understand that the below payment information will only be used at my request or in the event that a scheduled appointment is not canceled 24 hours in advance.**

VISA  Mastercard  Discover  American Express

\_\_\_\_\_

Name on Account (exactly as it appears on credit card)

\_\_\_\_\_

Address (if different from the 1st page)

\_\_\_\_\_

City, State ZIP Code

Credit Card Number Exp. Date Security Code

**I authorize Keisha Bryan to bill the above credit card for professional services.**

Signature of Card Holder \_\_\_\_\_ Date \_\_\_\_\_

